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## EPIDEMIOLOGY OF RARELY ENCOUNTERED CLINICAL FORMS OF ANTHRAX, by

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We have material at our disposal concerning the epidemiology of rarely encountered clinical forms of anthrax. This material was collected during the years 1936-1956. In our material, 93.75% of all the cases are of the cutaneous form, 2.65% is of the primary cutaneous with a secondary intestinal, 3% is intestinal, 0.4% is pulmonary, and 0.2% is ocular. All of the anthrax cases have been substantiated by bacteriological investigations, reports of pathologic-anatomic autopsies, and the findings of epidemiological inspections.

Let us cite some of the cases:

Patient L., 33 years old, entered a polyclinic with an eye ailment. The doctor diagnosed it as "iritis" and placed the patient on daily report for two days. Within one day L. suddenly died while at work. Autopsy made it possible to establish a diagnosis: an ocular form of anthrax. A pure culture of anthrax bacilli was isolated in the laboratory investigation.

For several days prior to his illness the patient had been preparing his meals from uninspected meat purchased at the market. The veterinary sanitary inspection discovered anthrax bacilli in the beef that the patient had been using.

Patient S., 29 years old, was a painter. While cleaning her brushes she incurred an infection of both eyes. After six days she sought medical assistance, was hospitalized the same day, and died on the third day. Investigation showed the presence of anthrax bacilli both in the blood from the spleen and in the paint brushes.

While making some homemade articles from cow-hides, three persons suddenly became ill. The doctor diagnosed it as a "febrile condition and bronchitis," and placed them on daily report for three days. On the third day all three died. Upon investigation, anthrax bacilli were found in the blood from the deceased persons' spleens and also in the remnants of the cow-hides.

Patient S., 42 years old, came to the polyclinic with a complaint of a pain in the throat. The doctor diagnosed it as follicular angina, and placed the patient on daily report for two days. After two days the patient was hospitalized, and died on the third day.

A diagnosis was established in an autopsy: a pulmonary form of anthrax. Anthrax bacilli were found in the blood from the spleen. It was discovered that S. had bought a hide and was making some homemade articles. Anthrax bacilli were detected in an investigation of the remnants of the hide.

Twenty five persons participated in slaughtering some animals that had suddenly become ill, and among which, according to the information from a veterinary sanitary inspection, anthrax had been detected.

One woman became infected while working in a garden located on a section of a former cattle grave. She had been picking food stuffs without having washed her hands.

Two girls had been engaged in wool-spinning. After work they had been picking food stuffs without having washed their hands.

A woman became infected by blowing through an intestine from a cow that, as it was later discovered, had died from anthrax.

A man became infected while removing manure from a barn, where six months before a cow and calf had died from anthrax.

Two of the patients had been collecting straw and hay leavings for their domestic animals at a market place where animals were kept awaiting loading into railroad cars. Some of these animals subsequently died from anthrax. Both of the patients had eaten without washing their hands. Anthrax bacilli were found in an investigation of the blood and spleens from the bodies.